

MEDICAL AND JOB WORKSHEET - ADULT

This worksheet can help you to prepare for your interview or to complete the Disability Report on the Internet. It lists some of the information we will ask you. You may want to write down some of this information in the space provided so you will have it at the interview. We will not collect this worksheet.

A. When did you become unable to work? (Month/Day/Year) _____

B. What **medical condition(s), illness(es) or injury(ies)** limits your ability to work? _____

C. We will ask you about your medical treatment. What **doctor/HMO/therapist or other person** treated your **condition(s), illness(es) or injury(ies)** or whom do you expect to treat you in the future? What **month and year** were you there, or expect to go there next?

Name, Address, Phone, and Patient ID Number(s)

Date(s)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

D. What **hospitals, clinics, or emergency rooms** have you been to, or expect to go to? What **month and year** were you there, or expect to go there next?

Name, Address, Phone and Hospital/Clinic Number(s)

Date(s)

_____	_____
_____	_____
_____	_____
_____	_____

OVER

E. What medications do you take and why do you take them? If they are prescribed, we will ask the doctor's name who prescribed them. You can bring your prescription bottles with you.

Name of Medication and Why You Take It

Doctor's Name

_____	_____
_____	_____
_____	_____

F. What medical tests have you had or are going to have? We will ask the name of the place where you were tested, the date of the test, and the name of the person who sent you for the test(s).

Name of Test

Place Where Tested

Person Who Sent You

Date(s)

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

G. What is your medical assistance number? _____

H. What kind of work have you done in the 15 years before you became disabled? We will ask you for the information below.

Job Title (e.g., Cook)	Type of Business (e.g., Restaurant)	Dates Worked (month & year) From: To:	Hours Per Day	Days Per Week	Rate of Pay (Per hour, week, year)
1. _____	_____	_____	_____	_____	\$ _____
2. _____	_____	_____	_____	_____	\$ _____
3. _____	_____	_____	_____	_____	\$ _____
4. _____	_____	_____	_____	_____	\$ _____
5. _____	_____	_____	_____	_____	\$ _____

<p>Keep your appointment. Do not delay filing even if you do not have all of the information. We will help you get any missing information.</p>
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